Madison Adoption Associates
1009 Woodstream Drive ◆ Wilmington, DE 19810
Phone: 302-475-8977 ◆ Fax: 302-529-1976
www.MadisonAdoption.com

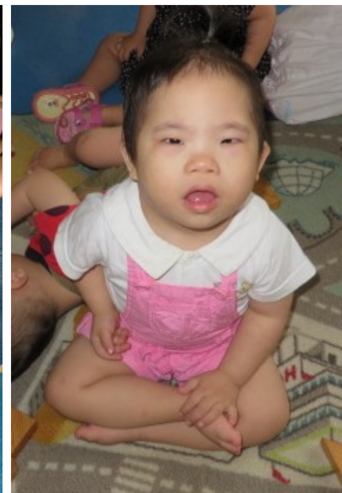
This child is on the Individual Referral List of ***Madison Adoption Associates****.*

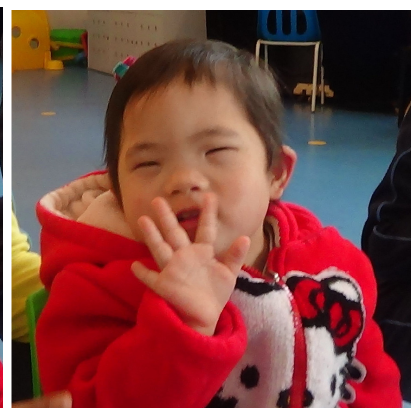
A Waiting Child Review Form (included at end of this referral) must be completed before MAA can discuss a specific child with an interested family.

Child Information

MAA Name:	Lana	
Special Focus:	Yes	
Dossier Due:	6 months from Pre-Approval	
Video Links:	http://vimeo.com/71987481	http://vimeo.com/102561994
	http://vimeo.com/102562209	http://vimeo.com/102562210
	password: Adoptmaa	
MAA Notes:	Lana lives in the orphanage. She mostly plays by herself. She is not very flexible on her left side. She can crawl and stand a little bit. She receives therapy to help her develop the movement on her left side. Her mental ability is not very good and is lower than others her age.	

The referral is presented by ***China Center for Children's Welfare and Adoption.*** *The information contained herein is provided by independent third parties, including foreign government agents, orphanage staff, and/or others, according to local policy and procedure.* ***Madison Adoption Associates*** *cannot offer medical opinion or analysis as to the health or conditions described in this referral. We encourage all families who are considering the adoption of a child with special needs to consult with a medical specialist to fully understand the information in this report.* ***Madison Adoption Associates*** *does not guarantee the translated accuracy of medical information.*





CHILDREN MEDICAL EXAMINATION RECORD

Date of Examination:

<table>
<tr><td colspan="2">Name: Lana</td><td>Sex: Female</td><td colspan="2">DOB: May 5, 2010</td></tr>
<tr><td colspan="5">Placement Center (Person): Social Welfare Center of District, City</td></tr>
<tr><td colspan="5">Medical history: 1. postoperative CHD; 2. hypothyroidism; 3. 21-trisomy syndrome;
4. mollification with perforating deformity in right parietal lobe and temporooccipital lobe</td></tr>
<tr><td rowspan="2">General Condition</td><td colspan="2">Height: 79.0cm</td><td colspan="2">Weight: 10.48kg</td></tr>
<tr><td colspan="2">Head Size: 43.2cm</td><td colspan="2">Chest Size: 48.4cm</td></tr>
<tr><td colspan="3">Vision: L &R follow light</td><td colspan="2">Corrective Vision:</td></tr>
<tr><td colspan="2">Color Sense: not cooperative</td><td>Trachoma: not found</td><td colspan="2">Others: not found</td></tr>
<tr><td colspan="2">Hearing: L&R normal</td><td colspan="3">Ear Disease: L&R nil, normal</td></tr>
<tr><td colspan="2">Nose: normal</td><td>Sense of Smell: /</td><td colspan="2">Others: /</td></tr>
<tr><td colspan="2">Throat: normal</td><td>Oral Cavity: normal</td><td>Teeth: 15</td><td>Dental Caries: nil</td></tr>
<tr><td colspan="5">Lungs: coarse breathing sound of both lungs</td></tr>
<tr><td colspan="2">Abdomen:</td><td>Liver: 2cm under the rib</td><td colspan="2">Spleen: not palpable under the rib</td></tr>
<tr><td colspan="2">Heart: postoperative heart</td><td>Heart rate: 120bpm</td><td colspan="2">Rhythm: regular</td></tr>
<tr><td colspan="5">Blood Pressure:</td></tr>
<tr><td colspan="3">Nervous system:</td><td colspan="2">Nervous reflex: no check</td></tr>
<tr><td colspan="3">Spine: normal</td><td colspan="2">Thorax: (illegible)</td></tr>
<tr><td colspan="2">Limbs: normal</td><td>Motion: very poor</td><td colspan="2">Deformity: normal</td></tr>
<tr><td colspan="2">Skin: vertical surgical scar in the middle of chest and abdomen</td><td>Anus: normal</td><td colspan="2">Urinogenital System: normal</td></tr>
<tr><td colspan="2">Hernia: nil</td><td>Fontanel: unclosed</td><td colspan="2">Others: normal</td></tr>
<tr><td colspan="5">Laboratory Exam: Blood Rt., Urinalysis, HbsAg, HbsAb, HbcAg, HbeAg, HbeAb, Anti-HIV, Syphilis(RPR):</td></tr>
<tr><td colspan="5">Laboratory Report</td></tr>
<tr><td colspan="2">HBsAg: Negative</td><td>HBsAb: Positive</td><td colspan="2">HBeAg: Negative</td></tr>
<tr><td colspan="2">HBeAb: Negative</td><td>HBcAb: Negative</td><td colspan="2"></td></tr>
<tr><td colspan="3">RPR: Negative</td><td colspan="2">HIV: Negative</td></tr>
<tr><td colspan="5">Conclusion and suggestion: 1.postoperative CHD; 2. hypothyroidism; 3. 21 - trisomy syndrome; 4. smaller right cerebral hemisphere, mollification with perforating deformity in right parietal lobe and temporooccipital lobe
Sign by: XXX
No.2 People’s Hospital of City(Seal)
April.11 2013</td></tr>
</table>

Lab Test Result (Blood)
No.2 People’s Hospital of City

Name: Lana Sex: Female

Item	Result	Reference/Unit
WBC	11.1 H	4-10 10^9/L
RBC	3.93 L	4-4.5 10^{12}/L
HGB	116.0 L	120-140 g/L
HCT	0.355 L	0.36-0.48
MCV	90.3	80-100 fL
MCH	29.5	27-34 pg
MCHC	327.0	320-360 g/L
RDW	0.15	<0.15
PLT	366.0 H	100-300 10^9/L
MPV	6.9	7.4-12.5 fL
PCT	0.330 H	0.114-0.282 %
PDW	0.10 L	0.120-0.181
NEUT#	6.51	2-7.5 10^9/L
BASO#	0.01	0-0.1 10^9/L
MONO#	0.68	0.12-0.8 10^9/L
EO#	0.03 L	0.05-0.5 10^9/L
LYMPH#	3.87	0.8-4 10^9/L
NEUT%	0.586	0.5-0.75
LYMPH%	0.349	0.2-0.4
MONO%	0.061	0.03-0.08
EO%	0.003 L	0.005-0.05
BASO%	0.001	0-0.01
RDW-SD	47.4	37-54 fL
P-LCR	0.174	0.13-0.43

Date of report: Mar.6 2013

Checking Report for Chromosome
Pediatrics Research Institute of Children’s Hospital of City

Name: Lana Sex: Female Age: 2y 7m
Date of deliver: Feb.4 2013
Initial diagnosis: Down's syndrome
Sample type: blood
Checking method: routine G banding analysis, 300-400 bandings, 30 split-phases
Checking result: 47, XY, +21

Tester: XXX
Date of report: Mar.15 2013

Pediatric Neuropsychological Developmental Test Report
Children's Hospital of City

Name: Lana Sex: Female Age: 2y10m
DOB: May 5, 2010
Date of testing: Feb.27 2013

Item	DA	DQ
1 Gross motion ability	9	27
2 Fine motion ability	8.5	25
3 Adaptability	9.5	28
4 Language	7	21
5 Social behavior	9	27
Full scale scores	8.6	26

Conclusion: Down's syndrome; mental development delay
Suggestion: special training

MRI Examination Report
Children's Hospital of

Name: Lana Sex: Female Age: 2 years and 10 months

Examined site: cranial plan

MRI findings: right cerebral hemisphere was smaller than left side. There was lamellar cystic signal at right parietal lobe and temporooccipital lobe with long T1 and long T2. Peripheral gelatinous matter was hyperplasia with negative occupancy effect. Body of right lateral ventricle and cornu posterious ventriculi lateralis were enlarged with connection. Left lateral ventricle was enlarged. Others were normal. Center line was at middle. Cerebellar hemisphere and brain stem were normal.

Impression: smaller right cerebral hemisphere, mollification with perforating deformity in right parietal lobe and temporooccipital lobe

Physician: XXX

UCG Diagnosis Record - Children Hospital

Name: Lana Sex: Female Age: 4 months

Position of heart was normal. Cardiac atrium was orthotropia and ventricle was at right side. Connection of atrium, ventricle and great vessel was normal. Heart was enlarged, particular RA and RV. IVS and LVW were normal with even ventricular wall echo. Middle interatrial septum was interrupted about 4.6mm. Perimembranous interventricular septum was interrupted about 13.9x9.3mm. Valves were normal. There was not PDA. MPA was widened. DAO was normal. COA was normal. Orifice of coronary sinus vein was normal.

CDFI: shunt from left to right at atrial level, bidirectional shunts at ventricular level, particular from left to right, no shunt at great vessel level, tricuspid regurgitation, PASP: 61.7mmHg

Diagnosis: congenital heart disease, perimembranous ventricular septal defect, atrial septal defect, severe pulmonary hypertension

Physician: XXX

UCG Diagnosis Record - Children Hospital

Name: Lana Sex: Female Age: 9 months
Date of examination: Feb.28 2011

AAO: 12.2mm TV: 0.58m/s
LA: 15mm MV: 0.7m/s
RV: 11.6mm AV: 0.75m/s
IVS: 3.9mm PV: 0.71m/s
LVD: 20.8mm DAO: 1.0m/s
LVS: 14mm
LVPW: 5.0mm LVFS: 32.7% LVEF: 64.1%

Position of heart was normal. Cardiac atrium was orthotropia and ventricle was at right side. Connection of atrium, ventricle and great vessel was normal. The ID of all atriums and ventricular normal; IVS and LV normal; not found local dyskinesia; echo uniform of all walls; interatrial septum complete continuously; patch echogenic at IVS; Valves were normal. PA and pulmonary venous return were normal. Not found patent ductus arteriosus; DAO was normal. COA was normal. Orifice of coronary sinus vein was normal. Not found pericardial effusion.

CDFI: no shunt at atrium, ventricle and great vessel level; local regurgitation of AO valve.
Diagnosis: postoperative VSD and ASD repaired; normal systolic function of LV.

Physician: XXX Feb.28 2010

UCG Diagnosis Record
Children Hospital

Name: Lana Sex: Female Age: 1 year
Date of examination: June.23 2011

AAO: 13.8mm TV: 0.50m/s
LA: 17.1mm MV: 0.88m/s
RV: 15.2mm AV: 0.9m/s
IVS: 5.4mm PV: 0.65m/s
LVD: 22.4mm
LVS: 15.2mm
LVPW: 4.5mm LVFS: 32.1% LVEF: 63%
MPA: 13.9mm

Position of heart was normal. Cardiac atrium was orthotropia and ventricle was at right side. Connection of atrium, ventricle and great vessel was normal. The ID of all atriums and ventricular normal; IVS and LVPW normal; not found local dyskinesia; echo uniform of all walls; interatrial septum complete continuously; patch echogenic at IVS, complete and continuous; PA and pulmonary venous return were normal. Not found patent ductus arteriosus; DAO was normal. COA was normal. Orifice of coronary sinus vein was normal. Not found pericardial effusion.
CDFI: no shunt at atrium, ventricle and great vessel level; local regurgitation at tricuspid valve; normal PASP

Diagnosis: postoperative VSD and ASD repaired, no residual shunt; normal heart function.

Physician: XXX June.23 2011

UCG Diagnosis Record - Secondary People Hospital

Name: Lana Sex: Female Age: 2 years and 10 months
AO and PA were normal. AO was normal with normal dicrotic wave.
Each atrioventricular chamber was normal.
Valves were normal.
IVS and LVPW were normal.
Cardiac structure was normal. Great vessel was normal.
Pericardial cavity was normal.
Doppler: red blood flow in inflow tract and red blood flow in outflow
MV: E>A
Diagnosis: normal intracaridac structure, normal left ventricular systolic and diastolic function
Physician: XXX

Discharge Summary
Children's Hospital of City

Name: Lana   Sex: Female   Age: 5 months
Date of admission: Oct 14, 2010
Date of discharge: Nov 15, 2010
Result: cure
Hospital days: 32 days

Admitting diagnosis: congenital heart disease, ventricular septal defect, atrial septal defect, severe pulmonary hypertension, cardiac function III degree, trisomy 21 syndrome? thyroid hypofunction

Discharge diagnosis: congenital heart disease, ventricular septal defect, atrial septal defect, severe pulmonary hypertension, cardiac function III degree, trisomy 21 syndrome? thyroid hypofunction

Condition on admission: the child was admitted to the hospital because of cardiac murmur 3 months. Physical examination: mind was clear. Lip was cyanosis. Back of nose was flat. There was ocular hypertelorism. Neck was short with webbing. Trachea was at middle without distention of jugular vein. Breathy was accelerated about 36bpm without three depressions sign or nodding breathy. Chest was normal. Tactile fremitus was symmetry. Percussion was clear. Both lung sounds were harshness without rales. There was precordial prominence. Apex beat was at 0.5cm external left fifth intercostal medioclavicular line. There was not thrill or heaving apex impulse. The border of cardiac dullness was normal. Heart rate was 127bpm with regular rhythm and powerful sound. There was not murmur. Pulmonary second sound was louder. Margo interior hepatis was 2.5cm below costal arch. There was not achropachy. Femoral pulse and dorsal artery of foot were normal. UCG: congenital heart disease, ventricular septal defect, atrial septal defect, severe pulmonary hypertension.

Treatment: by active examination, preoperative preparation and eliminating surgical contraindication, repair of ventricular septal defect and repair of atrial septal defect were made on Oct 27. Ostium secundum defect was 0.6x0.6cm. Perimembranous ventricular septal defect was 2.2x2.0cm which was repaired by pericardium and 5-0 prolene. Atrial septal defect was sutured. Heart was rebeat automatically but slow. Heart rate was 110bpm after granting Isoprenaline but not sinus beat. She was granted cardiac pacemaker and sinus rhythm was recovered 2 hours later. Heart rate was 130-160bpm. She was granted mechanical ventilation, ECG monitoring, cardiac diuretic and symptomatic treatment. She recovered well. Operative incision healed well. TSH was increased. She was permitted discharge.

Condition on discharge: mind was clear. Appetite was normal without vomiting or diarrhea. Urination and defecation were normal. Physical examination: eyelids were not edema. Pupils were equal and round, reacting to light. Lip was red. Breathy was stable without three

depressions sign or nodding breathy. Both lung sounds were clear without rales. Cardiac rhythm was regular with powerful sound. Heart rate was 132bpm. There was not murmur or pericardial friction rub. Abdomen was soft. Margo interior hepatis was 1.5cm below costal arch. Limbs were warm. Operative incision healed well without effusion. Rechecked Blood RT and X-ray were normal. She was permitted discharge.

Advice for the patient:

1. Rechecking regularly
2. Strengthening diet and nursing, preventing upper respiratory tract infection
3. Digoxin 0.2ml po q12h, Captopril 1.5mg po q8h, Hydrochlorothiazide 4mg po q8h, Spironolactone 5mg po q8h, Cefaclor 62.5mg po bid, Euthyrox 25ug po qd
4. Chromosomal and thyroid function examination
5. Follow-up if unwell

Physician: XXX

CT Examination Report
Children Hospital of

Name: Lana Sex: female Age: 2 years and 9 months

Examined site: Cranial

CT findings: right temporal lobe and parietal lobe were smaller in which there were lamellar lower density with CT=17HU. There was lamellar shadow as cerebrospinal fluid, connecting with right ventricle, about 41mmx43mm. Bilateral lateral ventricles were enlarged, particular right side. Middle line was not shift. Cerebellum was normal.

Impression: smaller right temporal lobe and parietal lobe with mollification, perhaps right temporoparietal perforating deformity cyst, enlarged bilateral lateral ventricles, further MR

Physician: XXX

DR Examination Report
Children's Hospital

Name: Lana Sex: Female Age: 5m
Part examined: DR chest
Date of examination: Jan.24 2011

X-ray findings
Review postoperative CHD, compare with that performed on Nov.9 2010
Now the two increased lung markings; it could found less blurred shadow in two lung fields,

obvious absorption compare to before; no obvious abnormalities of the shape, size and position of lungs; Mediastinal and trachea in the middle; cardiothoracic ratio about 0.47; blooding change of lungs as before basically; double diaphragm surface smooth, ribbed diaphragm sharp angle.

Suggestion:
Review postoperative CHD, please combined with the clinic and follow up.

Physician: XXX

Record of Vaccination of Children's Planned Vaccination Program for Social Welfare Institution in Province

Name: Lana
Sex: Female
DOB: May.5 2010
Date of issue: July.8 2010
Issuing Center: Social Welfare Center of District of City

BCG: primary: have BCG scar
OPV: primary: April.8 2011; June.15 2011; July.20 2011; booster: Jan.14 2013
DPT: basic:
MR: primary: June.15 2011
MMR: primary: Mar.19 2012
MV: basic: Jan.14 2013
HBV: primary: July.28 2010
Booster: May.11 2011; Jan.13 2012
HA: basic: April.18 2012
Chickenpox: July.20 2011

Disease Prevention and Healthcare Clinic of , District, City (Seal)
July.8 2010

Growth Report for Lana
Social Welfare Center of District, City, Province

1. In early days of being admitted
Lana, Female, was picked up under the tree of Parking Area face to Security Team of District of City on July.2 2010, and was raised by the hospital temporarily till July.8 2010. After a lot of searches did by Police Station did but failed to her birth parents, she was confirmed as an abandoned baby. On July.8 2010, upon the approval of Civil Affairs Bureau of District, she was sent to our SWC to be raised formally. She had the physical checks done by our medical staff: 51.0cm in height, 3.02kg in weight, 33.5cm in head size and 31.0cm in chest size. The primary diagnosis: 1. CHD; 2. mollification with perforating deformity in right parietal lobe and

temporooccipital lobe; 3. Down's syndrome? Her date of birth was decided to be May.5 2010 according to the information on admission.

2. Development since admission

1) Physical growth

Age (month)	Height (cm)	Weight (kg)	Head Size (cm)	Chest Size (cm)	Number of teeth
6	58.0	4.59	36.9	35.0	0
12	64.0	6.25	39.1	40.4	0
19	69.5	8.02	41.3	44.3	2
22	71.0	8.51	41.5	44.4	8
24	71.5	8.82	41.5	45.3	10
27	72.0	9.09	41.5	46.3	10
Now	79.0	10.48	43.2	48.4	15

2) Development of language, physical and intellectual conditions

Lana: at the age of 5 months, she can smile when teased, and can visually follow the moving people; she can grasp a small toy for a moment. At the age of 10 months, her hearing is more sensitive; she can distinguish different sounds, and can imitate sounds. At the age of 1 year, she can clap hands, can choose her favorite toy to play; she knows her name and can respond when called. At the age of 1+ year, due to motor development delay, this center arranges her to accept the rehabilitation. After a period of rehabilitation, she has learnt to sit alone, and can sit for a long time; she begins to know simple meanings, and can wave and shake hands etc. At the age of 2+ years, she continues to accept the rehabilitation and her limbs movement ability has been improved; she can crawl and kneel with limbs, and can crawl to where she wants to go; she can imitate adults' action; she can bang blocks flexible; she can take a block out of the cup, and put it into the cup again. Now she can stand for a moment with hands holding onto support, but sits down soon; she is continues to strengthen rehabilitation; she can pick up small things with her thumb and index finger; she can play with toys freely. She only can imitate sounds, and needs to accept special language training to help improve her language ability.

3) Development of personality and emotion

She is outgoing, smart and quietly; she likes to be cuddled and played by someone; she is fond of listening to music; when there is music, she would be happy to wave her hands, so lovely; she gets along well with other children and is happy to share good toys and good food with other children; she has sweet smiles and is adored. Under the care and love of every one, she grows up healthily and happily day by day, and we expect that she can have a happy family soon.

3. Medical history

Because she suffers from CHD, and on Feb.28 2010 she was arranged to perform UCG examination in Children's Hospital of City, and the results showed: postoperative VSD and ASD repaired; normal systolic function of LV. On Sep.17 2010 she was sent to Children's Hospital of City to review UCG, and the results showed: congenital heart disease, perimembranous ventricular septal defect, atrial septal defect, severe pulmonary hypertension. Base on her physical condition, this center arranges her to perform the surgery, and on Oct.27

2010 she was performed VSD and ASD repaired under general anesthesia in Children's Hospital of City, with good recovery. On Jan.24 2011 she was arranged to perform DR chest examination in Children's Hospital of City and the results showed: review postoperative CHD, please combined with the clinic and follow up. On June.23 2011 she was performed UCG examination in Children's Hospital of City and the results showed: postoperative VSD and ASD repaired, no residual shunt; normal heart function. On Feb.4 2013 she was performed checking report for chromosome in Pediatrics Research Institute of Children's Hospital of City on Feb.4 2013, and the results showed: 47, XY, +21. On Feb.27 2013 she was performed Pediatric Neuropsychological Developmental Test Report in Children's Hospital of City, and the conclusion: Down's syndrome; mental development delay, and suggest having special training. On Mar.1 2013 she was performed head CT in Children's Hospital of City and the results showed: smaller right temporal lobe and parietal lobe with mollification, perhaps right temporoparietal perforating deformity cyst, enlarged bilateral lateral ventricles, further MR. On Mar.6 2013 she was performed UCG review in No.2 People's Hospital of City, and the results showed: normal intracaridac structure, normal left ventricular systolic and diastolic function. On Mar.11 2013 she was performed MRI examination in Children's Hospital of City and the results showed: smaller right cerebral hemisphere, mollification with perforating deformity in right parietal lobe and temporooccipital lobe. Now there is a scar size about 10cm on her chest. Since she has joined this center, she just had common diseases occasionally such as cold, running nose, cough and fever. She recovered soon after the treatments that our medical staff gave her. Sometimes, she had gastrointestinal symptoms such as vomiting or diarrhea and had the treatments according to our doctors. Then she recovered soon. It has not been found any medicine allergy history of her.

Sender: XXX
Social Welfare Center of District, City (Seal)
April.8 2013

State of Growth of Prospective Adoptive Child (1-3year)

Child's name: Lana
Welfare Institute: Social Welfare Center of District, City
Date: April.8 2013
Name: Lana
Sex: Female
DOB: May 5, 2010
POB:
The baby is institutionalized: ☑ Intake time: July.8 2010
Fostered: □ Intake time:
Weight: 10.48kg Height: 79.0cm Head circumference: 43.2cm
Chest circumference: 48.4cm Number of teeth: 15
Health History: 1. postoperative CHD; 2. hypothyroidism; 3. 21-trisomy syndrome;
4. mollification with perforating deformity in right parietal lobe and temporooccipital lobe

Routine schedule:
Please describe when the baby gets up, has a nap after lunch, goes to bed at night and his/her meals? How many times does he/she urinate or defecate in a day?
Get up at 6:00, take a noon nap from 12:00 to 14:00, and go to bed at 20:30; mealtimes: 7:00, 9:00, 11:00, 16:00 and 19:00; have defecation once or twice and urination for 7-8 times per day.

Sleep: Deep sleep☑ Moderate sleep□ Light sleep □ Dreamy sleep □
In sleep he/she is liable to suck finger□ or suck soother □ or something else:

Eating: Please describe his/her diet, capacity for eating, number of times of taking meals, appetite and favorite food: Have three meals a day ; there are porridge with mashed meat and vegetable, and soup ; a bowl per meal ; add milk at 9 :00 and 19 :00 ; favorite food : fruits and candies.

Motor development:
Crawls on hands and knees☑ Walk with his/her hands holding onto handrails□
Picks up a pill with his/her thumb and index finger□
Uses thumbs and index fingers deftly☑
Stands alone steadily□ Walks with one hand held□
Holds a pen with full hand and scribbles□ Walks alone steadily□
Imitates drawing lines□ Goes upstairs with hands against wall□
Imitates drawing vertical lines□ Goes upstairs and downstairs without help□
Imitates drawing circles□ Jumps off floor with both feet□
Stands on one food for 2 seconds□ Imitates drawing crosses□

Adaptability:
Takes a block out of the cup☑ Bangs two blocks together☑
Put the block into a cup☑ Builds tower of four blocks□
Turns over pages of a book twice or more□ Builds tower of eight blocks□
Covers a bottle with its cap□ Turns book pages one by one□
Knows "big" and "small" □ Knows "red" color □ Knows two kinds of colors□

Language and sociality:
Imitates words☑ Produces 3-5 words□ Knows what "NO" means☑
Responds to other's asking for his/her objects□ Being cooperative when put on clothes☑
Having continence of feces and urine in the daytime□
Points to eyes, ears, nose, mouth and hands with his/her fingers when asked (three of them will do) □
Speaks a sentence of 3-5 words□ Can ask "what is this" □
Uses words for expressive needs□ Takes off unlined clothes□
Names ten animals or objects at the pictures□ Knows "cold" "tired" and "hungry" means□

Able to put on shoes□ Able to button or unbutton the cloth□
Able to put on a jacket by him/herself□

Personalities:
Timid□ Shy□ Quiet☑ Active□ Restless□ Fond of imitating☑
Fond of listening to music☑ Fond of playing with toys☑ Fond of singing□
Talkative □ Having a ready smile□ Getting along with others well☑
Fond of quietness□ Quick in reaction □
Fond of reading picture books□ Fond of playing games□
Energetic□ Fairly introverted☑
Fairly extroverted□ Obstinate sometimes□ Impatient sometimes□
Closest to: caretaker☑ or roommates, classmates or other children in the same institution☑ or others:

Favorite activity: listen to music Favorite toy: rattles

Filled by: XXX
Director of institute: XXX
Sealed by institute: Social Welfare Center of District, City

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Phone: 302-475-8977 ◆ Fax: 302-529-1976
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PROSPECTIVE ADOPTIVE PARENTS - WAITING CHILD REVIEW FORM

** This form is required before we can discuss a child's referral with you.**

	Adoptive Father	Adoptive Mother
Full Name		
Date of Birth		
Country of Citizenship		
Education *(Degree, Specialty)*		
Occupation/Title		
Employer/Company		
Annual Income	$	$
Criminal record	☐ Yes ☐ No	☐ Yes ☐ No
Health Status *"excellent" or "good"; others may need doctor letter regarding health status*		
Medications/Condition		
Height/Weight/BMI	Height: ______________inches Weight: ______________ lbs. BMI: ____________	Height: ______________inches Weight: ______________ lbs. BMI: ____________
Number of Previous Marriages		

Home Address ______________________________

Phone Number(s) ______________________________

Email Address ______________________________

Place and Date of Marriage ______________________________

Total Assets: $ ______________ **Total Liabilities:** $ ______________

Net Worth (Total Assets *minus* Total Liabilities) $ ______________

Children at Home
name / gender / DOB / country of adoption, if applicable
____

Number of Children at living at home: ______________________________

Home Study Agency ______________________________

Have you ever been denied a home study approval or discontinued an adoption? ☐ Yes (*Please note that answering yes does not automatically prohibit you from adopting, but we need to know these situations in advance.)* ☐ No

Waiting Child's Name: ______________ **Child's Date of Birth:** ______________

Child's Special Need: ______________________________

Will you need a waiver of any eligibility requirement for the adoption of a child from China?

☐ **Yes** ☐ **No**